



## TOWN COUNCIL – AGENDA REQUEST FORM

THIS FORM WILL BECOME PART OF THE BACKGROUND INFORMATION USED BY THE COUNCIL AND PUBLIC

Please submit Agenda Request Form, **including back up information**, 8 days prior to the requested meeting date. **Public Hearing requests must be submitted 20 days prior to requested meeting date to meet publication deadlines** (exceptions may be authorized by the Town Manager, Chairman/Vice Chair).

### MEETING INFORMATION

Date Submitted: February 19, 2015

Date of Meeting: February 26<sup>th</sup>, 2015

Submitted by: Matthew Casparius

Department: Parks & Recreation

Time Required: 5 minutes

Speakers: Holly Morales, Merrimack Girl Scouts

Background Info.

Supplied:

Yes: ☒ No: ☐

### CATEGORY OF BUSINESS (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)

Appointment:

☐

Recognition/Resignation/

☐

Retirement:

**Public Hearing:**

☐

Old Business:

☐

New Business:

☒

Consent Agenda:

☐

Nonpublic:

☐

Other:

☒

### TITLE OF ITEM

Girl Scout Cookie Sales at Watson Park

### DESCRIPTION OF ITEM

Merrimack Girl Scout Troops would like permission to sell Girl Scout Cookies at Watson Park on the following dates from 10 – 2 pm.

Sunday, March 1

Saturday, March 7

Sunday, March 8

Saturday, March 14

Sunday, March 15

Saturday, March 21

Sunday, March 22

Saturday, March 28

Sunday, March 29

Saturday, April 4

Sunday, April 5

Saturday, April 11

Sunday, April 12

The Girl Scout Troop leaders would ensure that they would always have at least 2 adults with the kids at all times. The Troops are insured by the Girl Scouts of the Green & White Mountains.

**REFERENCE (IF KNOWN)**

RSA: \_\_\_\_\_ Warrant Article: \_\_\_\_\_  
Charter Article: \_\_\_\_\_ Town Meeting: \_\_\_\_\_  
Other: \_\_\_\_\_ N/A

**EQUIPMENT REQUIRED (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)**

Projector:	<input type="checkbox"/>	Grant Requirements:	<input type="checkbox"/>
Easel:	<input type="checkbox"/>	Joint Meeting:	<input type="checkbox"/>
Special Seating:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Laptop:	<input type="checkbox"/>	None:	<input type="checkbox"/>

**CONTACT INFORMATION**

Name: Holly Morales Address 46 Woodward Rd, Merrimack  
Phone Number 320-7167 Email Address hollymorales@yahoo.com

**APPROVAL**

Town Manager: Yes ☐ No: ☐ Chair/Vice Chair: Yes ☐ No: ☐  
Hold for Meeting Date: \_\_\_\_\_



# TOWN OF MERRIMACK

PARKS AND RECREATION DEPARTMENT

116 NATICOOK ROAD

Merrimack, New Hampshire 03054

Telephone (603) 882-1046

FAX (603) 883-5335

[MCASPARIUS@MERRIMACKNH.GOV](mailto:MCASPARIUS@MERRIMACKNH.GOV)

[WWW.MERRIMACKNH.GOV](http://WWW.MERRIMACKNH.GOV)

## MEMO

TO: Eileen Cabanel, Town Manager

FROM: Matt Casparius, Director of Parks & Recreation

DATE: February 19, 2015

SUBJECT: Girl Scout Cookie Sales at Watson Park

Hi Eileen,

The Merrimack Girl Scouts would like permission to sell Girl Scout Cookies at Watson Park from 10 – 2 pm on weekends starting March 1<sup>st</sup> – April 12<sup>th</sup>.

On Wednesday, February 18th, 2015, the Girl Scouts appeared before the Parks & Recreation Committee to discuss their request. The Parks & Recreation Committee was in favor of the idea and voted 8-0 to recommend approval to the Town Council.

I have enclosed the certificate of liability insurance that was presented to the Parks & Recreation Committee.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/05/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER** Smith, Bell & Thompson, Inc. DBA Willis of Vermont  
c/o 26 Century Blvd  
P.O. Box 305191  
Nashville, TN 372305191 USA

**CONTACT NAME:**  
**PHONE (A/C, No, Ext):** 1-877-945-7378 **FAX (A/C, No):** 1-888-467-2378  
**E-MAIL ADDRESS:** certificates@willis.com

**INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A:** Great American Insurance Company

16691

**INSURER B:** Twin City Fire Insurance Company

29459

**INSURER C:****INSURER D:****INSURER E:****INSURER F:**

**INSURED** Girl Scouts of the Green and White Mountains  
PO Box 10832  
Bedford, NH 03110

**COVERAGES****CERTIFICATE NUMBER:** W724485**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			PAC4093096	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 20,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						\$
A	<b>AUTOMOBILE LIABILITY</b>			CAP4093097	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>	<input checked="" type="checkbox"/> OCCUR		AUC3884708-12	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			UB3835T384	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2014/01)

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SR ID:8100470

BATCH:Batch #: 104012